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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 467	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u> REGISTERED NO. <u>114</u>			
TOWNSHIP <u>Yuma</u> OR VILLAGE _____				CITY <u>Yuma</u> NO. _____ ST. _____ WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>4</u> YRS. <u>4</u> MOS. <u>4</u> DS.			
2. FULL NAME <u>Adelle Strong</u>				HOW LONG IN U. S. IF OF FOREIGN BIRTH <u>16</u> YRS. <u>4</u> MOS. <u>4</u> DS.			
(A) RESIDENCE: NO. <u>East of RR Tracks Yuma, Arizona</u>				(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 17, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>March 13, 1919</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		7. AGE <u>16</u> YEARS <u>4</u> MONTHS <u>4</u> DAYS		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Child</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Yuma, Arizona</u>		13. NAME <u>Phinoclaudio</u>		14. BIRTHPLACE (CITY OR TOWN) <u>Yuma, Arizona</u>		15. MAIDEN NAME <u>Teresa Cortez</u>	
16. BIRTHPLACE (CITY OR TOWN) <u>Yuma, Arizona</u>		17. INFORMANT (ADDRESS) <u>Phinoclaudio</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Yuma Cemetery</u> DATE <u>7/19, 1935</u>		19. EMBALMER (SIGNATURE) <u>John A. Reese</u>	
20. FILED <u>July 18, 1935</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 17, 1935</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>never</u> TO <u>never</u>		I LAST SAW <u>her</u> ALIVE ON <u>never</u> 19____ DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2:30 P.M.</u>	
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:				DATE OF ONSET <u>July 14, 1935</u>			
<u>Acute Tonsillitis with very high fever and Heat Prostration</u>				<u>July 14, 1935</u>			
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:				NAME OF OPERATION <u>History of the Case</u>			
WHAT TEST CONFIRMED DIAGNOSIS <u>History of the Case</u>				WAS THERE AN AUTOPSY? <u>No</u>			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN: ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____				MANNER OF INJURY _____			
NATURE OF INJURY _____				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>			
IF SO, SPECIFY _____ (SIGNED) <u>Harry A. Reese</u> M. D.				(ADDRESS) <u>Yuma, Arizona</u>			